

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3728

BIRTH NO. 48-84930 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3728

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>()</u> | | d. STREET ADDRESS (If rural, give location) <u>6321 Minnesota</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Francis</u> c. (Last) <u>Sevem</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1949</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>12-2-1948</u> | | 9. AGE (In years last birthday) <u>4</u> | | 10. MONTHS <u>4</u> DAYS <u>4</u> HOURS <u>4</u> MIN. <u>4</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U</u> | | | | | |

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| 13a. FATHER'S NAME <u>Arthur Sevem</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Daly</u> | | 14. NAME OF HUSBAND OR WIFE | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Sevem 6321 Minnesota</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>marasmus - since birth</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>106a</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>500X</u> | |
|--|--|--|--|--|--|

22. I hereby certify that I attended the deceased from Dec. 6, 1948, to April 24, 1949, that I last saw the deceased alive on 4-22, 1949, and that death occurred at 7 A. m., from the causes and on the date stated above.

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|--|--|---|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Ernest L. Coffin M. D. ()</u> | | 23b. ADDRESS <u>4500 Olive St. St. Louis, Mo.</u> | | 23c. DATE SIGNED <u>4-26-49</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-26-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | |
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| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>APR 26 1949 J. B. Laster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. P. Fendler Jr. 7128 Michigan</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Clarence Kuchaw

Signed.....

Student Embalmer

Licensed Embalmer No. _____

3093

P. O. Address _____

7128 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.